

**EXHIBIT B**

0827UCDSQ0010008198



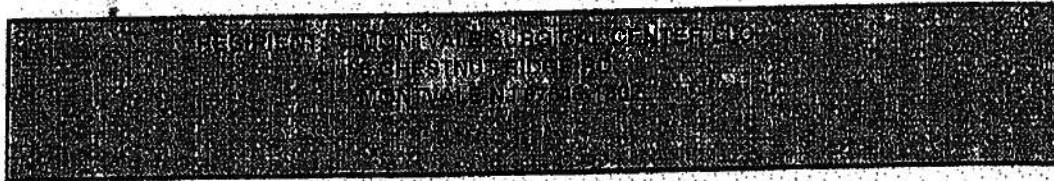
Horizon Blue Cross Blue Shield of New Jersey  
P O BOX 420  
NEWARK, NJ 07101-0420



CUSTOMER SERVICE:  
MONDAY-FRIDAY 8AM-5PM  
VISIT OUR WEB SITE  
WWW.HORIZONBLUE.COM

www.horizonblue.com

Sequence No: 5544878  
Payee ID: 140441  
Tax ID: 260463867  
NPI Code: 1829284788  
Date: 8/27/2010  
PAGE 1 OF 3



**PAYMENT SUMMARY:**

GROSS CLAIM AMOUNT:	0.00
LATE INTEREST:	0.00
A/R'S APPLIED:	0.00
CHECK AMOUNT:	0.00

IF YOU SUSPECT HEALTH CARE FRAUD, PLEASE CALL OUR SPECIAL INVESTIGATIONS UNIT HOTLINE - 1-800-624-2018.

WE ARE REQUIRED BY LAW TO REJECT STANDARD TRANSACTIONS SUBMITTED WITHOUT AN NPI, EFFECTIVE 5/23/08.  
WE MUST RECEIVE YOUR APPEAL WITHIN 90 DAYS OF ORIGINAL CLAIM DECISION. FOR HELP BALANCING THE VOUCHER GO TO WWW.HORIZONBLUE.COM

An Independent Member of the Blue Cross Blue Shield Association.



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P O BOX 420  
NEWARK, NJ 07101-0420



Date: 8/27/2010  
Provider ID: 140441  
Tax ID: 260463867

Sequence Number  
5644979

NP-015 002352

|||||  
MONTVAL SURGICAL CENTER LLC  
6 CHESTNUT RIDGE RD  
MONTVALE NJ 07645-1802

MSC000005

0827UCDSQ0010005188

www.horizonblue.com

Date: 8/27/2010  
PAGE 2 OF 3Sequence No: 5644979  
Payee ID 140441  
NPI Code 1629254768

DOS	RNK	REV COD	QTY	PROC	MOD	BILLED	NOT ALLOWED	REAS	ALLOWED	CO-INS	COPAY	DEDUCTIBLE	CUST LIAB	REAS	OTHER CARR	PAID
NATIONAL ACCOUNTS POS																
3/08/10						8,400.00	0.00		459.00	137.70	0.00	0.00	8,078.70		0.00	321.30
	X021 1200															
	Z644 1200															
CLAIM TOTAL:						8,400.00	0.00		459.00	137.70	0.00	0.00	8,078.70		0.00	321.30

## REMARK CODES

Z644 1200  
THIS IS FOR INFORMATIONAL PURPOSES ONLY AND THE ACTUAL PAYMENT (IF ANY) WAS MADE TO THE MEMBER.

X021 1200  
THIS CLAIM WAS SUBMITTED WITHOUT A VALID DIAGNOSIS/PROCEDURE CODE. PLEASE RESUBMIT THE CLAIM WITH THIS INFORMATION.

U301 1200  
THIS CLAIM LINE IS AN EXACT DUPLICATE OF ANOTHER CLAIM LINE.

MSC000006